

Form 406. APPLICATION TO USE PUBLIC MEETING ROOM

Organization Name:	Non-Profit ___ For-Profit ___	Date: _____
Organization Address:	Authorized Representative:	
Contact Telephone:	Person Responsible at Time of Event:	
Contact E-mail:		

Date Requested: _____ Start Time: _____ End Time: _____	Type of Function:
Alternate Date: _____ Start Time: _____ End Time: _____	Estimated Attendance: _____

Room Requested:

Room	Description	Check Here
Hickok Meeting Room	35 max.; auditorium style; main floor; 80" TV compatible with laptop; DVD player	
Computer Lab	12 max.; classroom style tables & chairs; main floor; LCD projector compatible with laptop	
Conference Room	12 max.; conference table; lower level; 50" TV compatible with laptop; portable LCD projector on request	
Lower Level Meeting Room	75 max.; auditorium style; lower level; 90" TV compatible with laptop, DVD player	

Room Setup Requested (no. of chairs/tables): _____

Equipment Requested:
 ___ Connector(s) for laptop ___ Portable LCD Projector ___ Lectern with microphone ___ Laptop Computer(s)

Fee Schedule: (All pricing is for a 3 hour block)

Type of Group	Hickok Room	Lower Level Meeting Room	Manley Winsor Computer Lab	Conference Room
Gov't Entity	No Charge	No Charge	No Charge	No Charge
Informal Community Group	\$25	\$50	\$25	\$25
Non-profit organization	\$25	\$50	\$25	\$25
Private organization	\$75	\$150	\$60/\$80 if using computers	\$50

No alcoholic beverages allowed in the public meeting rooms.

The organization agrees to defend and hold harmless the Summit Free Public Library, its Director, staff and its Board of Trustees (jointly referred to as the Library) and to indemnify the Library from any suits, costs, claims, expenses, judgments, related attorney's fees or court costs, or other actions arising from, caused by, or which are the alleged result of any act or omission of the organization, guest, invitee, licensee, guest or other person present on the premises listed above in order to participate in, organize, assist, enjoy, supervise or in any other way further the activity identified above. Reimbursement must be made within (ten 10) days of receiving of receiving written demand from the Summit Free Public Library.

Signed on behalf of the organization: _____
Name/Title

Certificate of Insurance Provided: _____

Deposit Paid: _____ **Date Paid:** _____ **Staff Initials:** _____